

Iowa Influenza Surveillance Network (IISN)

Influenza-like Illness (ILI) and Other Respiratory Viruses

Weekly Activity Report

For the week ending January 9, 2016 - Week 1

All data presented in this report are provisional and may change as additional reports are received



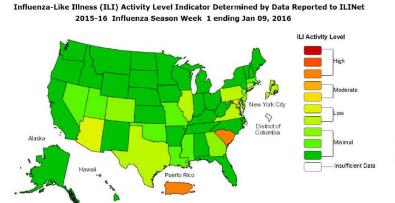
Quick Stats	
Percent of outpatient visits for ILI ¹	1.05% (baseline 1.7%)
Percent of influenza rapid test positive	1.7% (11/639)
Percent of RSV rapid tests positive	32.0% (57/178)
Percent school absence due to illness ²	2.15%
Number of schools with ≥10% absence due to illness	0
Influenza-associated hospitalizations ³	4/5,354 inpatients surveyed
Influenza-associated mortality -all ages (Cumulative) ⁴	4
Influenza-associated pediatric mortality (Cumulative)	0
¹ ILI: Influenza-like Illness is defined as a fever of ≥100° F as well as cough and/or sore throat.	

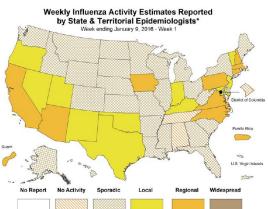
Iowa Influenza Geographic Spread⁵						
No Activity						
Sporadic						
Local						
Regional						
Widespread						
⁵ This is based on CDC's activity estimates definition <u>www.cdc.gov/flu/weekly/overview.htm</u>						

Iowa statewide activity summary:

Low level influenza activity continues in Iowa. The proportion of outpatient visits due to influenza-like illness (ILI) was 1.05 percent which is below the regional baseline. Four influenza-related hospitalizations were reported from sentinel hospitals. No influenza outbreaks have been reported in Iowa long-term care facilities so far this influenza season. In this reporting week, 17 adenovirus, 12 parainfluenza virus type 1, two parainfluenza virus type 2, five parainfluenza virus type 4, 32 rhinovirus/enterovirus, 24 RSV, and 13 hMPV were detected from surveillance sites.

National activity summary - (CDC):





Synopsis: During week 1 (January 3-9, 2016), laboratory data indicated that influenza activity increased slightly in the United States.

Viral Surveillance: The most frequently identified influenza virus type reported by public health laboratories during week 1 was influenza A, with influenza A (H1N1)pdm09 viruses predominating. The percentage of respiratory specimens testing positive for influenza in clinical laboratories was low.

Pneumonia and Influenza Mortality: The proportion of deaths attributed to pneumonia and influenza (P&I) was below their systemspecific epidemic threshold in both the NCHS Mortality Surveillance System and the 122 Cities Mortality Reporting System.

Influenza-associated Pediatric Deaths: One influenza-associated pediatric death was reported.

Influenza-associated Hospitalizations: A cumulative rate for the season of 1.5 laboratory-confirmed influenza-associated hospitalizations per 100,000 population was reported.

Outpatient Illness Surveillance: The proportion of outpatient visits for influenza-like illness (ILI) was 2.0 percent, which is below the national baseline of 2.1 percent. Four of 10 regions reported ILI at or above region-specific baseline levels. Puerto Rico and one state experienced high ILI activity; New York City and seven states experienced low ILI activity; 42 states experienced minimal ILI activity; and the District of Columbia had insufficient data.

Geographic Spread of Influenza: The geographic spread of influenza in Guam, Puerto Rico, and nine states were reported as regional; 11 states reported local activity; the U.S. Virgin Islands and 28 states reported sporadic activity; and the District of Columbia and two states reported no influenza activity.

Detailed information can be found online at www.cdc.gov/flu/weekly/.

Percent school absence due to illness are reported through a weekly survey of lowa sentinel schools Hospitalizations due to influenza are voluntarily reported through a weekly survey of lowa sentinel hospitals

Deaths in which influenza is listed on the death certificate. This is an underestimate of influenza-related deaths Cumulative is 10/4/2015-current week

International activity summary - (WHO):

High levels of influenza activity was reported from some countries in Western Asia. Globally influenza activity was picking up in some temperate countries of the Northern Hemisphere, but in general remained low. Detailed information can be found online at www.who.int/influenza/surveillance monitoring/updates/latest update GIP surveillance/en/. It was last updated 01/04/2016.

Laboratory surveillance program:

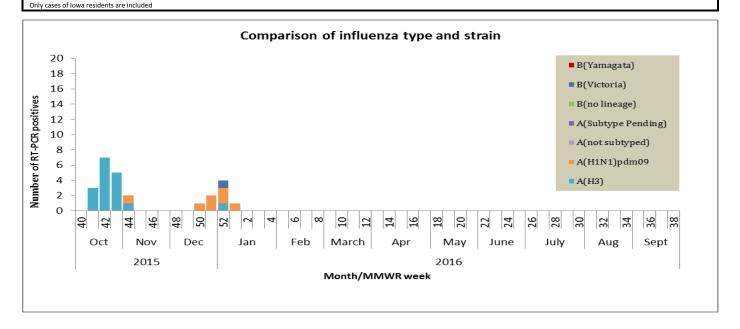
The State Hygienic Laboratory (SHL) is the primary lab for influenza testing and reporting in Iowa. SHL reports the number of tests performed and the type and sub-type of positive tests to the influenza surveillance network several times every week. In addition, SHL surveys clinical and reference labs on a weekly basis for the number of rapid-antigen tests performed, the number positive and the positive non-influenza virus tests. This report also includes the positive non-influenza virus tests reported from the Dunes Medical Laboratories at Mercy Medical Center in Sioux City.

Table 1: I	able 1: Influenza A viruses detected by SHL by age group							
		CURREN	IT WEEK		CUN	MULATIVE (10/4/1	15 – CURRENT WEE	K)
	Flu A					Flu	Α	
Age Group	A(H1N1)pdm09	A(H3)	Subtype Pending	Not subtyped	A(H1N1)pdm09	A(H3)	Subtype Pending	Not subtyped
0-4	0(0%)	0(0%)	0(0%)	0(0%)	1(14%)	0(0%)	0(0%)	0(0%)
5-17	0(0%)	0(0%)	0(0%)	0(0%)	1(14%)	0(0%)	0(0%)	0(0%)
18-24	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	3(18%)	0(0%)	0(0%)
25-49	1(100%)	0(0%)	0(0%)	0(0%)	3(43%)	3(18%)	0(0%)	0(0%)
50-64	0(0%)	0(0%)	0(0%)	0(0%)	1(14%)	5(29%)	0(0%)	0(0%)
>64	0(0%)	0(0%)	0(0%)	0(0%)	1(14%)	6(35%)	0(0%)	0(0%)
Total	1	0	0	0	7	17	0	0

^{*}Counts of three or less are sometimes suppressed to protect confidentiality. Note that counts may not add up to the total due to missing age information Only cases of lowa residents are included

[&]quot;Not subtyped" column is due to weak detections. This can be due to poor collection, timing of collection or stage of infection

	CURRENT WEEK			CUMULATIVE (10/4/15 – CURRENT WEEK)			
Age	Flu B			Flu B			
Group	Victoria Lineage	Yamagata Lineage	Lineage Pending	Victoria Lineage	Yamagata Lineage	Lineage Pending	
0-4	0(0%)	0(0%)	0(0%)	1(100%)	0(0%)	0(0%)	
5-17	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	
18-24	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	
25-49	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	
50-64	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	
>64	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	0(0%)	
Total	0	0	0	1	0	0	

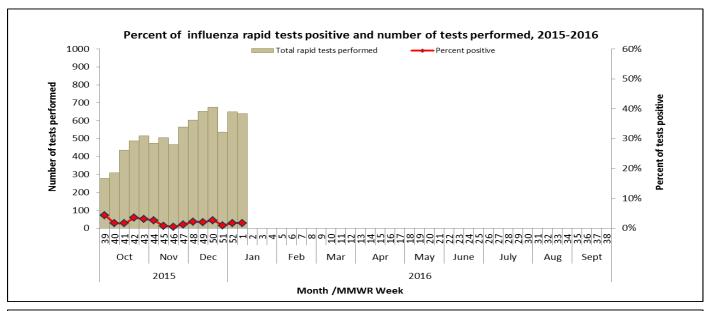


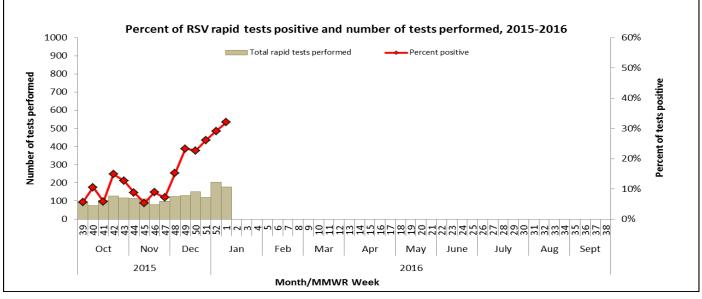
Rapid influenza and RSV test surveillance:

The State Hygienic Laboratory (SHL) runs a weekly web-based survey program where laboratorians report the number of influenza and respiratory syncytial virus (RSV) rapid tests performed and the number of tests positive. This table includes only the number of patients tested for influenza or RSV at laboratory surveillance sites throughout the state. This table does not provide case counts.

Table 2: Percent of i	Table 2: Percent of influenza rapid tests positive and number of tests performed by region for the present week							
REGION*	RAPID ANTIGEN INFLUENZA TESTS				RAPID ANTIGEN RSV TESTS			
REGION	Tested	Flu A	Flu B	% Positive	Tested	Positive	% Positive	
Region 1 (Central)	62	0	0	0.0	2	1	50.0	
Region 2 (NE)	29	0	0	0.0	10	2	20.0	
Region 3 (NW)	59	0	0	0.0	23	8	34.8	
Region 4 (SW)	38	0	0	0.0	3	0	0.0	
Region 5 (SE)	89	1	0	1.1	18	3	16.7	
Region 6 (Eastern)	362	4	6	2.8	122	43	35.2	
Total	639	5	6	1.7	178	57	32.0	

*Region 1- Boone, Calhoun, Carroll, Dallas, Greene, Grundy, Hamilton, Hardin, Jasper, Marshall, Polk, Poweshiek, Story, Tama, Warren, Webster; Region 2- Allamakee, Bremer, Butler, Cerro Gordo, Chickasaw, Emmet, Fayette, Floyd, Franklin, Hancock, Howard, Humboldt, Kossuth, Mitchell, Winnebago, Winneshiek, Worth, Wright; Region 3- Buena Vista, Cherokee, Clay, Crawford, Dickinson, Ida, Lyon, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Woodbury; Region 4- Adairs, Adudubon, Cass, Clarke, Decatur, Fremont, Guthrie, Harrison, Madison, Mills, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, Union; Region 5- Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Van Burren, Wapello, Washington, Wayne; Region 6- Benton, Black Hawk, Buchanan, Cedar, Clayton, Clinton, Delaware, Dubuque, Iowa, Jackson, Johnson, Jones, Linn, Scott.





Non-influenza respiratory viruses:

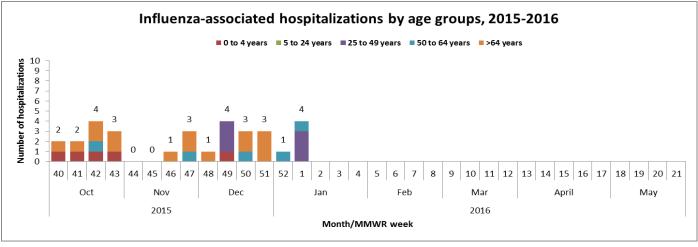
The State Hygienic Laboratory (SHL) runs a weekly web-based survey program where laboratorians report the number of positive tests for non-influenza respiratory viruses. This table also includes the positive non-influenza virus tests reported from the Dunes Medical Laboratories at Mercy Medical Center in Sioux City. The table includes only the number of positive tests at laboratory surveillance sites throughout the state. The table does not provide case counts.

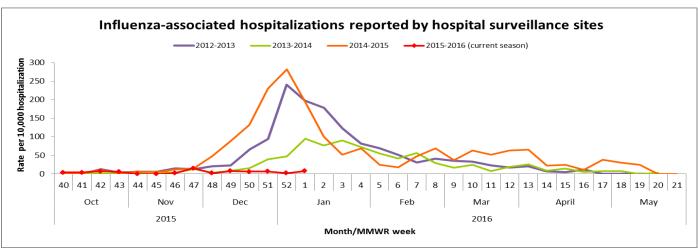
Table 4: Number of positive results for non-influenza respiratory viruses					
Viruses	CURRENT WEEK	CUMULATIVE (10/4/15 – CURRENT WEEK)			
Adenovirus	17	139			
Parainfluenza Virus Type 1	12	125			
Parainfluenza Virus Type 2	2	2			
Parainfluenza Virus Type 3	0	1			
Parainfluenza Virus Type 4	5	58			
Rhinovirus/Enterovirus	32	467			
Respiratory syncytial virus (RSV)	24	66			
Human metapneumovirus (hMPV)	13	45			
Total	105	903			

Influenza-associated hospitalizations:

Sentinel hospitals that participate in IISN voluntarily track and report the number of influenza-associated hospitalizations and the total number of inpatients each week.

Table 5: Number of influenza-associated hospitalization reported by age group					
AGE	CURRENT WEEK	CUMULATIVE (10/4/15 – CURRENT WEEK)			
Age 0-4	0	5			
Age 5-24	0	0			
Age 25-49	3	6			
Age 50-64	1	5			
Age >64	0	15			
Total	4	31			

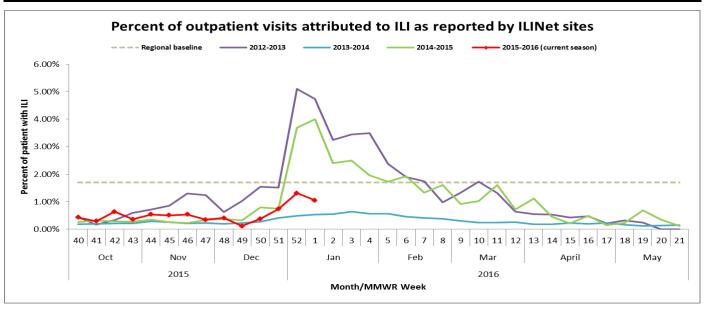




Outpatient health care provider surveillance program (ILINet):

Outpatient health care providers who participate in the ILINet (a national influenza surveillance program) report the number of patients seen with influenza-like illness and the total number of patient visits each week. This system is a key part of lowa's influenza surveillance. Iowa health care providers interested in joining this surveillance program should contact Julie Coughlin at 515-281-7134 or julie.coughlin@idph.iowa.gov for more information.

Table 6: Outpatient visits for influenza-like illness (ILI)							
Week	%ILI	Total ILI	Age 0-4	Age 5-24	Age 25-49	Age 50-64	Age >64
Week 1, ending Jan 9	1.05	14	3	3	5	1	2
Week 52, ending Jan 2	1.31	10	0	1	5	1	3
Week 51, ending Dec 26	0.73	8	3	1	1	1	2



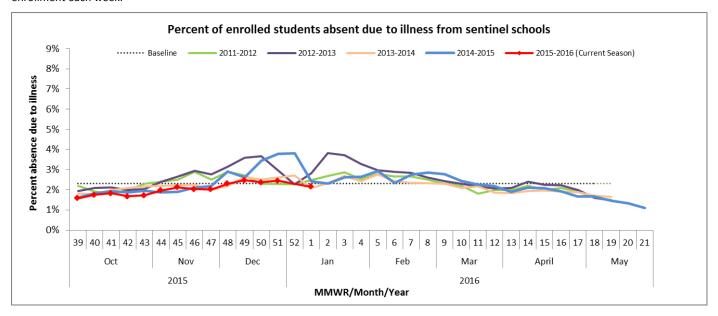
Long-term Care Outbreaks:

REGION* CURRENT WEEK CUMULATIVE (10/4/15 – CURRENT WEEK)							
REGION	CORNEINI WEEK	CONOLATIVE (10/4/15 - CORRENT WEEK)					
Region 1 (Central)	0	0					
Region 2 (NE)	0	0					
Region 3 (NW)	0	0					
Region 4 (SW)	0	0					
Region 5 (SE)	0	0					
Region 6 (Eastern)	0	0					
Total	0	0					

*Region 1- Boone, Calhoun, Carroll, Dallas, Greene, Grundy, Hamilton, Hardin, Jasper, Marshall, Polk, Poweshiek, Story, Tama, Warren, Webster; Region 2- Allamakee, Bremer, Butler, Cerro Gordo, Chickasaw, Emmet, Fayette, Floyd, Franklin, Hancock, Howard, Humboldt, Kossuth, Mitchell, Winnebago, Winneshiek, Worth, Wright; Region 3- Buena Vista, Cherokee, Clay, Crawford, Dickinson, Ida, Lyon, Monona, O'Brien, Osceola, Palo Alto, Plymouth, Pocahontas, Sac, Sioux, Woodbury; Region 4- Adairs, Audubon, Cass, Clarke, Decatur, Fremont, Guthrie, Harrison, Madison, Mills, Montgomery, Page, Pottawattamie, Ringgold, Shelby, Taylor, Union; Region 5- Appanoose, Davis, Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Lucas, Mahaska, Marion, Monroe, Muscatine, Van Buren, Wapello, Washington, Wayne; Region 6- Benton, Black Hawk, Buchanan, Cedar, Clayton, Clinton, Delaware, Dubuque, Iowa, Jackson, Johnson, Jones, Linn, Scott.

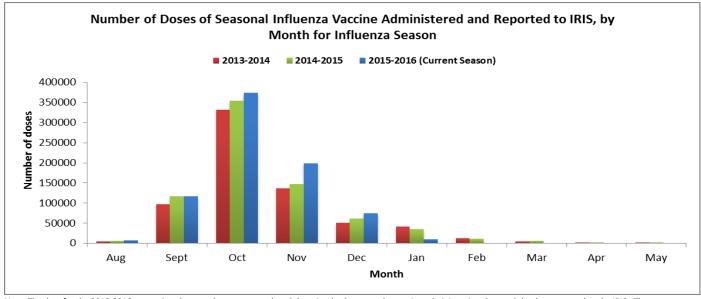
School surveillance program:

Sentinel schools that participate in IISN voluntarily track and report absence due to all illness (including non-influenza illnesses) and the total enrollment each week.



Seasonal influenza vaccination:

Seasonal influenza vaccination data in Iowa is based on doses reported to the Iowa Immunization Registry Information System (IRIS). IRIS is a confidential, computerized, population-based system that tracks immunization for children, adolescents and adults who are seen in a variety of public and private healthcare provider sites throughout the state of Iowa. For more information on the immunization data, contact Kim Tichy, IRIS coordinator at 515-281-4288 or kimberly.tichy@idph.iowa.gov.



Note: The data for the 2015-2016 season is only up to the current week and there is a lag between the vaccine administration date and the date reported to the IRIS. The current season's data will be adjusted as additional data is received.

Other resources:

Vaccine:

Influenza vaccine recommendation: http://idph.iowa.gov/immtb/immunization/vaccine

CDC vaccine information: www.cdc.gov/flu/faq/flu-vaccine-types.htm

Vaccine finder: http://vaccinefinder.org/

Neighboring states' influenza information:

Illinois: www.dph.illinois.gov/topics-services/diseases-and-conditions/influenza/surveillance

Minnesota: www.health.state.mn.us/divs/idepc/diseases/flu/stats/index.html

 $\textbf{Missouri:}\ \underline{\text{http://health.mo.gov/living/healthcondiseases/communicable/influenza/reports.php}$

South Dakota: http://doh.sd.gov/diseases/infectious/flu/ Wisconsin: www.dhs.wisconsin.gov/influenza/index.htm